



APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY

NEW
RENEWAL
CHANGE OF OWNERSHIP
CHANGE OF ADDRESS
REVISION OF EXISTING LICENSE

Instructions: All information on this application must be truthful and correct.
Incomplete application will not be accepted. Please contact the licensing agency
if there are any questions relating to the completion of this application.

Authority: s. 402.308(3)(a), F.S.

FACILITY INFORMATION & APPROVAL

Name of Facility as it is to appear on license		Telephone Number	
Street Address (do not enter P.O. Box)		(City)	(County) (Zip Code)
Mailing address, if different			
Is this facility located in or adjacent to the home of the owner/operator?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, all household members must be identified and background screening completed. Please attach a list of family members, with their name and date of birth.	
Maximum Capacity	Age Range of Children	Hours To Be Open: From: To: Days of week/months open	Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT INFORMATION

Name of Applicant: _____		<u>CHECK ONE</u> <input type="checkbox"/> OWNER <input type="checkbox"/> DESIGNATED REPRESENTATIVE	
This application must be completed by the owner, the designated representative of the owner, or prospective owner.			
Position or Title: _____		Role in Facility: _____	
Applicants Address (P.O. Box or Street)		(City)	(C-ty) (State) (Zip Code)
Applicant's Telephone Number, including Area Code		Date of Birth	Telephone Number

ON SITE OPERATOR INFORMATION

Operator's Name	Date of Birth	Telephone Number
Address (P.O. Box or Street)	(City)	(County) (State) (Zip Code)

OWNER OF REAL PROPERTY (as the name appears on deed to property)

Legal Name	Telephone Number
Street Address (P.O. Box or Street)	(City) (State) (Zip Code)

LEGAL OWNERSHIP OF CHILD CARE FACILITY

Complete One Box Only - Type or print legibly

INDIVIDUAL

Name		Date of Birth	Telephone Number
		() () () () () ()	() () () () () ()
Address (P.O. Box or Street)		(city)	(County) (Zip Code)
Role in Child Care Facility Operation (please specify involvement with facility):			

PARTNERSHIP (Attach a copy of the Partnership Agreement)

Name,	Date of Birth	Telephone Number
	() () () () () ()	() () () () () ()
Address (P.O. Box or Street)		(city) (County) (State) (Zip Code)
Name	Date of Birth	Telephone Number
	() () () () () ()	() () () () () ()
Address (P.O. Box or Street)		(City) (County) (State) (Zip Code)
...		
Role in Child Care Facility Operation (each partner should specify involvement with facility).		
(attach additional sheet(s) if necessary)		

CORPORATION (Attach the most current copy of the Articles of Incorporation)

Name	Corporate #
	Incorporated in which state? _____
	If out of state, is the corporation registered with the Florida Secretary of Stat Yes ____ No ____
Address (P.O. Box or Street)	(City) ~ County) State Zip Code Telephone Number
()	
Attach a list of Director's names, title/office, address, and telephone number.	

Has the owner, applicant or operator ever had a license denied, revoked, or suspended in any state or jurisdiction or been the subject of a disciplinary action or been fined while employed in a child care facility? YES ☐ NO ☐

If yes, please explain: _____

Have you or anyone identified as a party to ownership ever held a license with any state agency in any capacity other than a driver's license? YES ☐ NO ☐

If yes, where and what type of license? _____

Prior to receiving a license, 1, the owner and/or operator and all known child care personnel, have submitted background screening information. YES ☐ NO ☐ If no, please explain: _____

Please use additional sheets, if necessary.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility.

UNDER PENALTY OF PERJURY, I SWEAR AND AFFIRM THAT ALL THE INFORMATION GIVEN WITHIN THIS APPLICATION IS COMPLETE AND ACCURATE.

APPLICANT

Sworn to and subscribed before me this _____ day of _____ 19 ____

Form of identification: _____

Notary

AFFIDAVIT OF COMPLIANCE WITH 402.3055(1)(A), F.S.

As the applicant for a license to operate _____
child care facility, I hereby attest to the following:

- Fingerprints for all new employees have been submitted to the Florida Department of Law Enforcement for processing.
- All remaining employees have previously submitted fingerprints and have been employed as, child care personnel on a continuous basis (65C-22., F.A.C) since submitting fingerprints

Applicant

State of Florida County of Leon

Before me this day personally appeared _____. who, duly sworn deposes and says under the penalties of perjury that the foregoing statement is true and correct to the best of his/her knowledge.

Sworn and subscribed before me this _____ Day of _____) 19 _____

Notary Public

State of Florida at Large

My Commission Expires:

identification used

- List the names of all new child care personnel (hires during the licensure year) and the date of fingerprint submission for each person.

Name:	Date of Submission	Name	Date of Submission

- List the names of all other currently employed child care personnel. (Continue the list on an additional sheet if necessary)

Name	Name	Name